



Regional Service Council Minutes Region 8

Meeting Date: May 25, 2007

Meeting Location: Vigo County DCS
30 N. 8th Street
Terre Haute, IN 47803

Council Members Present: David Uberto, Regional Manager, Region 8; Mike Baker, Vigo County DCS Supervisor; Diana Thomson, Clay County FCM; Pamela Connelly, Clay/Sullivan County Director; Katie Edington, Vermillion/Parke County Director.

Council Members Absent: Nikki Fuhrmeister, CASA, Vigo County; Hon. Paulette Stagg, Vigo County; James/Linda Scarbrough, Vigo County Foster Parent; Hon. P. J. Pierson, Sullivan; Hon. Bruce Stengel, Vermillion; Hon. Sam Swaim, Parke; Hon. Joseph Trout, Clay.

Others in Attendance: Nyala Bolen, Friends of Family; Sara Ritter, Hamilton Center; Peggy Weber, ISU; Suzy Cole, Vigo County DCS Supervisor; Mike Goodwin, Sullivan County DCS Supervisor; Heidi Wheeler, Vigo/Clay County Supervisor; Michelle Moreno, Choices TA Center; Sheila Priester, Vigo County Homes for Children; Shaye Isaacs, Wernle Children's Home, David Eilar, Wernle Children's Home; Darrell Gordon, Wernle Children's Home; Tracy Hopkins, Central Office DCS.

<h3>Meeting Minutes</h3>

Meeting Called to Order at: 9:07 A.M.

Dave Uberto welcomed attendees and led the introductions. Dave announced there would be changes to the agenda. Minutes were read from the April meeting. The minutes were approved as read. Agenda items were discussed as follows:

1. Announcement of Vigo County Director

The Vigo County director has not been named, but the interviews are complete and the recommendation has been sent to Central Office. The nominee is now before a reviewing committee in Central Office.

2. Fingerprint/Background Check Pilot Program

Dave gave a brief update on the fingerprint/background program. Vigo County didn't do the pilot program at Gilbault due to low participation. Pride Rock didn't have enough people to warrant the pilot program; they wanted 50 participants. They are still committed to outsourcing as early as July or August. A permanent site has been designated in Terre Haute, but location hasn't been released. Sheila Priester said an option for fingerprinting is to send them to Lafayette to have them done if it's needed faster.

3. Region 8 Strategic Plan Update

Central Office wants some modification on the plan Region 8 came up with. The directors and supervisors will be meeting this afternoon to make the changes. The areas accepted were safety, permanency, well-being, increase FCM and contacts. Dave wants the RSC to help meet the outcome and goals that are set.

4. Community Partners

Nyala brought a drug report on the service log contacts. She is meeting with the designers of the computer program about the read-out. Nyala printed out statistics for particular counties. These reports don't identify clients, but she passed it out to see what the counties want released. Vigo County families have been contacting Nyala after the case has been closed; she feels this is a very positive outcome. Community Partners received additional funding and Nyala is going to name a project manager for the region. She would like to have this person to meet with the counties weekly. Nyala reported Hamilton Center is looking at a grant for mothers on meth and their children. The grant is available for residential facilities through community health centers. Call Sara at Hamilton Center or you can send an email to mmoreno@choiceteams.org for more information.

5. IV-B Update

Dodson & Shively sent out a satisfaction survey and most counties have filled them out and sent them back. Penny passed out reports as to where each county is with their money. She reported all providers are current with their billing. Penny will meet with directors before Dodson & Shively transfer any monies. She would like to meet with each

county individually to discuss this issue. If there are any services the counties want to add, they need to meet with Penny.

6. ISU Intern Update

Peggy Weber gave an intern update. She brought copies of research reports the students completed and passed them out to the directors of each county. All students are employed with a county in Indiana and so far are doing well. The Social Work Program is working on a schedule so upcoming students can attend court hearings as part of the learning process.

7. Wernle Presentation

Shaye Issacs, Referral and Developmental Specialist; and Darrell Gordon, CEO and President of Wernle, did a presentation about their group home. Shaye thanked everyone for letting them make a presentation. She passed out brochures about their home and program. Shaye has been with Wernle for 1-1/2 years. They have dedicated a person to each county to improve communication. If the person assigned to your county isn't performing to your expectations this needs to be reported to Shaye. Wernle will help with transportation issues when needed. They serve boys ages 6-21 from all over Indiana and Ohio. Wernle offers a wide variety of programs. Shaye asked the RSC some questions:

- A. What type of boys the counties are seeing?
- B. What are you seeing in residential facilities that you like, or don't like?
- C. What is the age you stop working with children?
- D. Do you see a lot of sexual maladaptive children?

Some counties have made the comment the location of the home is too far. Wernle is trying to provide transportation to and from visits to help with this concern. They have places available for parents to stay on campus for visitation. The agency is getting more aggressive in addressing this issue. Darrell informed everyone there is no cost for apartments or food while parents are staying for a visit. If they run out of apartments on the campus, Wernle will place the family in a hotel.

Darrell and Shaye opened it up to a question and answer session. Listed below are the Q & A's:

Q: If the child has a court date, what happens then?

A: Wernle will bring them back to the area for their court date.

Q: What kind of after care do you do?

A: Once they feel a child is ready to be discharged, they get together with the case manager and develop a plan for the child. They work close with the foster parent or family to get ready for the transition.

Q: Do you ever refer to Wrap Around?

A: Yes we work with Wrap Around.

Q: What is the placement time?

A: Placement answer is within 24 hours. Wernle will pick the child up within 2 days. The Wernle staff will pick up the child if the case worker is not able to get them to the facility.

Q: Do you meet with the child face to face?

A: Yes, we do. If they feel it's too difficult of a situation on paper, they require face to face. If the child or caseworker would rather meet with them anyway, staff can come meet the child.

Q: Do you have any data?

A: Most kids have done extremely well. They have an intense treatment process and then go to an independent treatment program. Wernle assists in getting them jobs in the community. They also bring in the family to meet with the staff about the history of the child.

Q: Do you use a behavior mode or reward for positive behavior?

A: Modified behavior modification. Wernle do not have seclusion rooms any longer. We recognize positive behavior and use Path Ways for curriculum. Shaye stated once they move to a transition part, they have to be attending a continued education and get a job. They can spend a certain amount of money, but they have to save a certain percentage of money for when they leave.

Q: What is the average length of treatment for sexual abuse residents?

A: 9 months depending on how the child is responding to the treatment.

Q: Do you work with the families that are afraid to take the child back into their home?

A: Therapist work with all parties involved after the first three months and has intense treatment so the fear is reduced and the transition is smooth.

Q: Are you IV-E?

A: Yes.

Katie stated that 12-13 year old boys seem to be the age when the parents give up now; this age use to be 15-16 years old. Wernle said they have a strong program between the ages of 7-12 because that is where they have the most population. Pam stated she was concerned about the system labeling children. Suzy Cole stated how impressed Vigo County is with how the Wernle staff works with the families. Shaye said they got an

increase in funding and are now a 10 bed unit and are hoping to get a 20 bed unit in the future. She asked for each person's business cards.

8. Practice Reform Presentation

Region 8 management staff will have their first training on July 23-27 in Vincennes. In September, the remaining Region 8 field staff will attend the training.

Peer coaches will be attending the July training. If caseworkers can't attend the September meeting, they can attend the Vincennes training in July. Region 16 will do training in October.

Tracy Hopkins highlighted the PowerPoint presentation for the RSC. Listed below is an abbreviation of the new DCS Practice Reform:

Background--Governor Daniels appointed Jim Payne to make the issues better for child welfare.

Mission and Vision--They established a mission and vision. The mission fits the work we are doing in child welfare, and the vision is to have children thrive in safe, caring and supportive families and community.

Values--Families have to be involved so the child(ren) can be safe and free from abuse and neglect. Every person has value, worth and dignity.

Framework for Child Welfare Service Provisions--This area covers the Preamble and Purpose. The Preamble states practice principles were developed with the core understanding that all decisions will be made with the primary consideration for child safety. The Purpose provides an overview of principles of DCS.

Practice Goal--Protect from abuse and neglect, maintain essential connections.

Core Values and Principles--They guide the child welfare system and the practice of child welfare service providers. They represent the belief that by using evidence-based methods, the DCS mission can be achieved.

Practice Reform--Based on vision, mission, and values. This will mean a renewed commitment to social work practice. It will be implemented by trust-based relationships.

Performance Measures/Outcome--Reduce use of substitute care, increase use of relative care, increase placement in own community, reduce use of institutional and group care, and reduce number of placement moves. DCS is going to increase sibling placements,

reduce length of stay, increase reunification and adoption rate, increase child and family visits as well as reduce incidence of repeat maltreatment.

Tracy said the first thing DCS is going to work on is Trust-Based Relationships: empathy, professionalism, respect, genuineness.

Building Trust-Based Relationships--Exploring skills, focusing skills, guiding skills, and solution focused questions.

The Stages of Change--Information-seeking, grief and loss, ambivalence, practicing desired behavior, and maintain desired behavior.

Parallel Process--This terminology is used to describe the belief that it is critical to use the same philosophies, principles and values through all levels of the organization, including our families, children, staff, community partners and providers.

Practice Reform Skills--Teaming, Engaging, Assessing, Planning and Intervening. We won't be doing investigations any longer; we will be doing assessments instead.

Tools--Full disclosure, child and family team meetings, solution focused questions, eco-maps, genograms, mentoring, training, meaningful visits, and professional involvement. "Angry Monkeys" video game has proven to be useful to get children to open up during a visit.

Child and Family Team Meeting (CFTM)--A process that brings together the wisdom and expertise of family, interested people, formal Resources as well as functions to serve the child and family's achievement of safety, permanency, stability and well-being. These meetings will be held in order to learn what the family wants to accomplish, set reasonable and meaningful goals, recognize and affirm the family's strengths, access family needs and find solutions, agree on next steps, achieve clarity about who is responsible for agreed upon tasks.

Stages of Family Teaming--Building a trusting relationship, identifying team members (if dad and mom don't want to be in at the same meeting, you will have to do separate meetings for each parent), preparing the family team (extremely important you prepare first or you will have a long first meeting), working with the team, maintaining the family team (does not have to be the caseworker to take on all the tasks; it can be a Wrap Around provider, or family team member).

Types of Cases--Reunification, removal, placement change or disruption, any juncture of the case whenever the team feels the parent needs more support. Domestic violence and sexual abuse cases will be the hardest to do.

Peer Coaches--Individuals that are trained to educate the facilitators on their role and duties in the Family Team Meetings. They are first facilitators and then become coaches. Coaches are DCS staff who has been trained as such.

Role of Community Partners--Partner with DCS to carry out practice reform, participate in family conferences (with family permission—can't legally file charges against someone that breaks confidentiality if discuss the meeting in the public), assist in identifying and resolving current policy and practice barriers to case practice reform, be willing to host informational and training efforts for case practice reform.

Impact on Service Providers--Anticipate a different need for support services that are individualized to the child and family, address real need (not system need), flexibility of service delivery, helps to build and maintain natural support system of children and families, no duplication.

Practice Picture--There are current practices and tomorrows practices.

<u>Current</u>	<u>Tomorrow</u>
Investigate to find facts	Assessment, including family strengths
Solely responsible for child safety	Shared responsibility for child safety
DCS identifies service needs	Family identifies the service needs
Responsibility on outcome	Decisions through the lens of long-term view
DCS creates the team	Family creates the team
Do not manage data	Manage to data—know what we are measured on
Lack consistent approach	Consistent approach in practice
Risk assessment on our version	Functional assessment and output sought from all

9. No additional business.

Next Meeting Date, Location and Time: The next meeting will be held on Friday, June 22, 2007 at 9:00 A.M. in the second floor conference room.

Meeting adjourned at 11:30 A.M.